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TRANSMITTAL FORM (to be used for all correspondence after initial filling)		Filing Date	06/20/2001				
		First Named Inventor	Payer				
		Art Unit					
		Examiner Name	Patel,	Tulsidas C.			
Total Number of Pages in This Submission	10	Attorney Docket Number	1065				
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Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Compi te if Known FEE TRANSMITTAL 09/885,226 Application Number 06/20/2001 Filing Date for FY 2003 Payer First Named Inventor Effective 01/01/2003. Patent fees are subject to annual revision. Patel, Tulsidas CÇZ∆ **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2839 Art Unit 2003 1065 (\$) 373.00 Attorney Docket No. $M\Lambda R$ TOTAL AMOUNT OF PAYMENT FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 800 IECHNULUGY CENTER 3. ADDITIONAL FEES Money Order None Check Credit card Large Entity , Small Entity Deposit Account: Faa For Fee Description (\$) Code Fee Pald Code Deposit 501547 Account 2051 65 Surcharge - late filing fee or ceth 1051 130 Surcharge - late provisional filing fee or cover sheet 50 2052 1052 Doposit Axsun Technologies, Inc. Name 1053 130 Non-English specification 1053 130 The Commissioner is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2,520 Credit any overpayments Charge fee(s) indicated below Requesting publication of SIR prior to Examiner action 1804 920 1804 Charge any additional fee(a) during the pendency of this application Charge fee(s) indicated below, except for the filing fee Requesting publication of SIR after 1805 1.840 1805 1,840" Examiner action to the above-identified deposit account. Extension for reply within first month 205.00 1251 110 2251 55 **FEE CALCULATION** 205 Extension for reply within second month 2252 1252 410 1. BASIC FILING FEE 465 Extension for raply within third month 930 2253 1253 arge Entity Small Entity Fee Paid 2254 Extension for raply within fourth month Fee Fee Code (\$) Fee Description 1254 1,450 Foe Fee Code (\$) 1,970 2255 985 Extension for reply within fifth month 1255 2001 375 Utility filing fee 1001 750 320 2401 160 Notice of Appeal 1401 Design filing fee 1002 330 2002 165 160 Filling a brief in support of an appeal 1402 320 2402 2003 260 Plant filing fee 1003 520 140 Request for oral hearing 280 2403 1403 2004 375 Reissue filing fee 1004 750 1451 1,510 Petition to Institute a public use proceeding 1.510 2005 Provisional filing fee 1451 1005 160 55 Petition to revive - unavoidable 2452 1452 110 SUBTOTAL (1) 1453 1,300 2453 850 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 650 Utility issue fee (or reissue) 1501 1,300 2501 Fee from Ext<u>ra Claim</u>s Fee Pald 2502 235 Design issue fee 1502 470 below X Total Claims -20 2503 315 Plant issue fee 1503 630 Independent 42 X 168 - 3** 4 130 Petitions to the Commissioner 1460 130 1460 Multiple Dependent 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) arge Entity Small Entity 180 Submission of Information Disclosure Strat 1808 180 1806 Fee Description 40 Recording each patent assignment per Code (\$) Code (\$) 8021 40 8021 property (times number of properties) Ctaims in excess of 20 1202 18 2202 9 375 Filing a submission after final rejection 750 2809 1809 Independent claims in excess of 3 (37 CFR 1.128(a)) 1201 84 2201 42 375 For each additional invention to be Multiple dependent claim, if not paid 2203 140 1810 750 2810 1203 280 examined (37 CFR 1.129(b)) Reissue independent claims over original patent 2204 42 1204 84 375 Request for Continued Examination (RCE) 1801 750 2801 1802 900 Request for expedited examination 1802 900 TReissue claims in excess of 20 1205 18 2205 and over original patent of a design application Other fee (specify) 168,00 SUBTOTAL (2) "Reduced by Basic Filing Fee Paid (\$) 205.00 SUBTOTAL (3) ⇔or number previously paid, If greater, For Relasues, see above (Complete (Fapplicable SUBMITTED BY Registration No. Telephone 978 43/9 3479 Housto 35,900 Name (Print/Type) Signature WARNING: Information on this form may be ome public. Credit card information should not

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